



STATE  
MEDICAL  
EXAMINER

# REPORT OF DEATH INVESTIGATION

Central Office Use Only

(Date of Receipt)

(DOD Code)

(COD Code)

Desoto County

ME Case Number

**DECEDENT:** Troy Charlton Goode  
 (First Name) (Middle Name) (Last Name) (Jr., Sr., III, etc.)  
**ADDRESS:** Baptist Desoto ER Southaven MS Desoto  
 (Number & street or Route, Box No.) (City, State) (County)

## INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

<b>AGE</b> (If less than 2 yrs. give months & days) 30 Years Date of Birth _____	<b>SEX</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undetermined	<b>CLOTHING</b> <input type="checkbox"/> Clothed <input type="checkbox"/> Partly Clothed <input checked="" type="checkbox"/> Unclothed	<b>BODY TEMPERATURE</b> <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold (if taken)	<b>BLOOD</b> <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input checked="" type="checkbox"/> Clothing <input type="checkbox"/> None	<b>FROTH</b> <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	<b>OCCUPATION</b> (Please fill in both parts) <b>TYPE OF WORK:</b> Chemical Engineer (Example: Machinist, typists, fireman, farmer, salesman, homemaker)
<b>MARITAL STATUS</b> <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown	<b>HEAD-HAIR</b> <input type="checkbox"/> None <input type="checkbox"/> Partly Bald <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> White	<b>EYES:</b> Color _____ R _____ L _____ <b>WEIGHT:</b> 130 lbs <b>LENGTH:</b> 5' 11"	<b>RIGOR</b> (Circle Degree) <input checked="" type="checkbox"/> Neck 0 1+ 2+ 3+ <input checked="" type="checkbox"/> Arms 0 1+ 2+ 3+ <input checked="" type="checkbox"/> Legs 0 1+ 2+ 3+ <b>LIVOR</b> Color pale/blue Fixed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>OTHER</b> <b>Dirt, water, etc.)</b> <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input checked="" type="checkbox"/> None		<b>INDUSTRY:</b> (Example: textile, banking, fire dept., farming, insurance, home)
<b>RACE</b> <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	<b>OTHER HAIR</b> <input type="checkbox"/> Mustache <input type="checkbox"/> Beard	<b>MISCELLANEOUS:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input checked="" type="checkbox"/> Circumcised	<b>DECOMPOSITION</b> <input type="checkbox"/> Early <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> None		<input type="checkbox"/> No Occupational Information	

## INFORMATION ABOUT OCCURRENCE

ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES Home, farm, highway, hospital, etc.)
INJURY OR ONSET OF ILLNESS	7/18/2015	9:44 PM	7601 Southcrest, Southaven	Desoto	<b>ON THE JOB?</b> <input type="checkbox"/> YES ER <input checked="" type="checkbox"/> NO
LAST SEEN ALIVE	7/18/2015	9:44 PM	(By Whom: Name and Address) Dr. Oliver 7601 Southcrest, Southaven	Desoto	ER
DEATH	7/18/2015	9:44 PM	7601 Southcrest, Southaven Southaven	Desoto	ER
FOUND DEAD BY	7/18/2015	9:44 PM	(By Whom: Name and Address or Title) Dr. Oliver 7601 Southcrest, Southaven	Desoto	ER
POLICE NOTIFIED	7/18/2015	7:30 PM	POLICE AGENCY: Investigation	OFFICER: Southaven PD	
CORONER/ME NOTIFIED	7/18/2015	9:44 PM	(By Whom: Name and Address) Dr. Oliver ER		
VIEW OF BODY	7/18/2015	10:15 PM	7601 Southcrest, Southaven		<input type="checkbox"/> NOT VIEWED
WITNESS TO INJURY OR ILLNESS AND DEATH	(Name) (Address) Wife, Kelli Goode				<b>BLOOD SAMPLE DRAWN:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Why not?: _____

## MANNER OF DEATH

☐ NATURAL ☐ HOMICIDE ☒ ACCIDENT ☐ SUICIDE ☐ UNKNOWN ☐ PENDING

MEDICO-LEGAL  
AUTOPSY AUTHORIZED:

☒ Yes ☐ No

**PATHOLOGIST**  
Erin Barnhart MD

**OTHER AUTOPSY DONE:**

☒ Yes ☐ No

### PROBABLE CAUSE OF DEATH:

1. Complications Of LSD Toxicity

2. Due to:

Contributing factor: Believed to have taken several (Drops) LSD

M.S.M.E.

Decedent's Social Security Number: \_\_\_\_\_

Body Released To: Hernando Funeral Home

Send original to the State Medical Examiner. Copies must be forwarded to County Clerk of Court.

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with the Mississippi Code Annotated, and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

(Signature of Coroner or Medical Examiner)

2/6/2017 DESOTO

(Date Signed)

(County)

(Your Number)

Date: 7/19/2015

Time: \_\_\_\_\_

**REASON FOR ASSUMING MEDICAL EXAMINER JURISDICTION (Check ONE only)**

<input type="checkbox"/> HOMICIDE	<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> POISONING	<input checked="" type="checkbox"/> POLICE CUSTODY	<input type="checkbox"/> PUBLIC HEALTH HAZARD	<input type="checkbox"/> SURGICAL/ANESTHETIC PROCEDURE
<input type="checkbox"/> SUICIDE	<input type="checkbox"/> DISASTER	<input type="checkbox"/> UNKNOWN OR SUSPICIOUS	<input type="checkbox"/> STATE	<input type="checkbox"/> SUDDEN/UNEXPECTED	<input type="checkbox"/> UNATTENDED
<input type="checkbox"/> TRAUMA	<input type="checkbox"/> VIOLENT		<input checked="" type="checkbox"/> LOCAL/OTHER		

**MEANS OF DEATH (Agency or Object) - IF DEATH OTHER THAN NATURAL**

<b>IF MOTOR VEHICLE INVOLVED</b>	<input type="checkbox"/> Driver	<input type="checkbox"/> Lap Belt Used	<input type="checkbox"/> Hit-Run	<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Farm Vehicle
	<input type="checkbox"/> Passenger	<input type="checkbox"/> Shoulder Belt Used	<input type="checkbox"/> Non-Highway	<input type="checkbox"/> Truck	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Crash Helmet Worn		<input type="checkbox"/> Motorcycle	
	<input type="checkbox"/> Other _____			<input type="checkbox"/> Motorbike	

<b>IF GUN</b>	<input type="checkbox"/> Rifle-Cal. _____	<input type="checkbox"/> Stippling	<input type="checkbox"/> Oblong	<b>LOCATION OF WOUNDS (If no autopsy):</b> _____Head _____Buttocks _____Upper Arms _____Neck _____Thighs _____Lower Arms _____Chest _____Lower Legs _____Hands _____Abdomen _____Feet _____Other		
	<input type="checkbox"/> Handgun-Cal. _____	<input type="checkbox"/> Smudging	<input type="checkbox"/> Stellate			
	<input type="checkbox"/> Shotgun-Gau. _____	<input type="checkbox"/> Abrasion Collar	<input type="checkbox"/> Surg. Treated			
	<input type="checkbox"/> Unknown Type	<input type="checkbox"/> Round	<input type="checkbox"/> Other			

<b>IF INSTRUMENT:</b>	What Kind:	<b>TYPE &amp; LOCATION OF INJURIES:</b>
<input type="checkbox"/> Blunt <input type="checkbox"/> Sharp	<input type="checkbox"/> Unknown Kind	

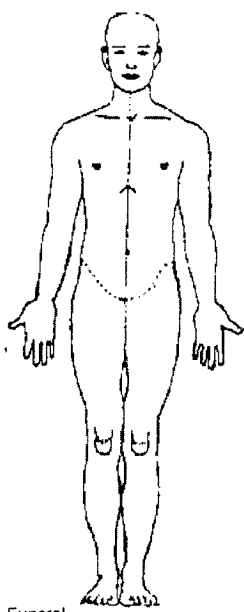
<b>IF DRUG, POISON, CHEMICAL (Suspected)</b>	<input checked="" type="checkbox"/> Alcohol	<b>REMARKS/SYMPTOMS:</b>	<input checked="" type="checkbox"/> Ingested	<input type="checkbox"/> Topical
	<input type="checkbox"/> Other Drugs, Chemical or Poison (Specify by Name)		<input type="checkbox"/> Injected	<input type="checkbox"/> Other
	<input type="checkbox"/> Unknown		<input type="checkbox"/> Inhaled	<input type="checkbox"/> Unknown

**CONDITION:****MEDICAL HISTORY**

<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Fractures	<b>DOCTOR:</b> _____ Where treated: <u>ER</u> Medications: <u>Decadron 5mg, Ativan 2mg, Both IV in ER.</u>
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Disease	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure (specify)	
<input checked="" type="checkbox"/> Drug Abuse	<input checked="" type="checkbox"/> Other (specify)	
<input type="checkbox"/> Lung Disease	<u>Asthma, Drug abuse</u> <u>LSD</u>	

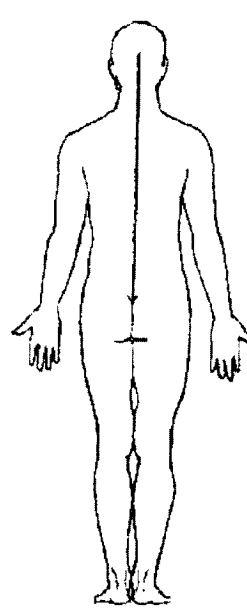
**NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):**

Front



Mr. Goode was transported to ER per EMS in Police Custody. He and spouse were in parking lot headed to a concert when Mr. Goode started running and screaming in parking lot and Goodman Rd, Southaven. Spouse Kelli said he had taken several (Drops) of LSD. Police and K9 unit apprehended him after a struggle. He was transported per EMS and police to ER. There, triaged with cuffed ankles and wrist as he continued to struggle, yell incoherently and stating he was exploding and MD unable to communicate with him. His pulse was 160-180 per EMS. Was placed in a room and given Decadron 5mg, Ativan 2mg IV and approx. 12-14 minutes later he stopped breathing and code was called. Was coded unsuccessfully for approx. 35-45 minutes. Has K9 bite left arm, abrasions on face after fall in parking lot while resisting arrest. Taze was attempted but only one dart struck him in upper back. He earlier had opened K9 door of PD car on self, letting K9 Dog out. I will obtain medical ER Records and send on Monday, 7/20/2015. Southaven PD is investigating. JP

Back:



Funeral Home:

Next Of Kin: Kelli Goode, Spouse

Phone Number: \_\_\_\_\_

Hernando Funeral Home